

when he was frustrated? Nor is the isolated petting episode with Hummel, after this child prodigy had won Mozart's admiration with a scintillating performance on the clavier and remarkable feat of sightreading, even remotely to be confused with a complex motor tic. Furthermore, Joseph Lange's description of Mozart's excited speech disturbance is more in keeping with flight of ideas.

Although there are many other causes of coprolalia, the essential diagnostic criterion for the diagnosis of Tourette's syndrome is the onset, before the age of 21, of multiple motor and one or more vocal tics, which have occurred frequently and persisted for more than a year.<sup>5</sup> Mozart's nightly ritual, until his tenth year, of singing "Oragna figata marina gamina fa" with his father, is in no way a manifestation of tic disorder. Nor are Wolfgang's imaginative adventures as king of his dream world, Kingdom of Back, in any way pathological.

Simkin's failure to document even one solitary motor tic during Mozart's childhood and youth, let alone multiple recurrent motor tics before the age of 21, excludes the diagnosis of Tourette's syndrome from further consideration. On the contrary, Mozart's tomfoolery, scatty humour, puns, plays on words, amusing irrelevancies, distractibility, clanging, echolalia, palilalia, and psychomotor hyperactivity are characteristic of the upswings in mood of a cyclothymic bipolar disorder.

PETER J DAVIES

Melbourne, Victoria 3000,  
Australia

- 1 Sacks O. Tourette's syndrome and creativity. *BMJ* 1992;305:1515-6. (19-26 December.)
- 2 Fog R, Regeur L. Did W A Mozart suffer from Tourette's syndrome? *World Congress of Psychiatry*, Vienna, 1985.
- 3 Gunne LM. Hade Mozart Tourettes syndrome. *Läkartidningen* 1991;88:4325-6.
- 4 Simkin B. Mozart's scatological disorder. *BMJ* 1992;305:1563-7. (19-26 December.)
- 5 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders. Third edition, revised. (DSM-III-R.)* Washington, DC: APA, 1987:78-82.

EDITOR,—Benjamin Simkin claims on false evidence that Mozart suffered from Tourette's syndrome, a tic disorder.<sup>1</sup> Tics are involuntary movements.<sup>2</sup> Like Martial and Rabelais, Mozart's lavatory humour in his letters, poems, and canons (for example, "Leck mich im Arsch": lick my arse, K231) was not involuntary but intentional. Scatology was common in Mitteleuropa: Goethe (in *Götz von Berlichingen*) and Michael Haydn (canon "Scheiss nieder, armer Sünder": shit fast, poor sinner) used it.

Anyone who ignores the spectrum of Mozart's wit and limits his interest to faecal parlance is bound to misdiagnose his personality. Mozart relished puns, spoonerisms, anagrams, repetitions, nonsense phrases (jabberwockies), and, like Joyce, words generated by alliterations and assonances. However, Hildesheimer notes, he was "always keeping the connotation in mind": his linguistic games were intentional. Thomas Szasz warns to beware of the psychiatrist who analyses jokes instead of laughing at them.

Stafford describes various Mozart myths: his eccentricity "may have a basis in fact, but fact that has been selected, heightened and coloured . . . by its emphasis and selectivity it runs the risk of exaggeration."<sup>3</sup> Two leading psychiatrists studying musical creativity concluded that Mozart was mentally healthy.<sup>4</sup>

How are such myths constructed? Simkin starts from the film *Amadeus*, although for its author "it does not even remotely represent a documentary life of Mozart."<sup>5</sup>

Secondly, to construe Mozart's ribaldry, Simkin analyses the proportion of scatological letters through the fallacious comparison of Mozart's complete correspondence with selected fragments of his father's and sister's correspondence.

(Whether his mother's percentage differs from his raises tricky statistical questions since Mozart's correspondence is not homogeneous, due to the cluster of scatological Bäsle letters; moreover in the English edition of the Mozart letters Emily Anderson includes only family letters written during Mozart's lifetime—that is, a biased sample.)

Thirdly, Simkin claims to quote Schlichtegroll's *Nekrolog* (1793) but actually refers to a doubly inaccurate translation from and of Stendhal. The expression "tic or idiosyncrasy," corresponds, in Stendhal's French translation from Schlichtegroll, to "manie," which means inveterate habit. Moreover Schlichtegroll's *Nekrolog* mentions neither tics nor inveterate habits.

Fourthly, Simkin writes that Joseph Lange attributed vulgar platitudes to Mozart. Actually Lange mentioned *platte Alltäglichkeit*—common-place banalities.

Finally, concerning the alleged "miaow" pre-occupation, Mozart wittingly indicated the form of the last movement of the parodic K298: Rondieaux\* (for Rondeaux). There is no miaow. The next cattish touretisms concerns the duet, K625, in which the soprano sings a constant "miau." However, the words were written by Schikaneder; Mozart partially orchestrated Schack's score.

Tourette's disorder is the latest Mozart's myth. It sounds like a disparagement disguised as a diagnosis.

L R KARHAUSEN

Paris 75004

- 1 Simkin B. Mozart's scatological disorder. *BMJ* 1992;305:1563-7. (19-26 December.)
- 2 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders. Third edition, revised. (DSM-III-R.)* Washington, DC: APA, 1987.
- 3 Stafford W. *The Mozart myths: a critical reassessment.* Stanford: Stanford University Press, 1991.
- 4 Slater E, Meyer A. Contribution to the pathography of musicians. 2. Organic and psychotic disorders. *Confinia Psychiatrica* 1959;2:65-94.
- 5 Shaffer P. Mozartian magic behind the masks. *The Times* 1985;January 17.
- 6 Tyson A. *Mozart—studies of the autograph scores.* Cambridge, Massachusetts: Harvard University Press, 1987:355.

EDITOR,—Although I cannot add to the debate about whether Mozart had Tourette's syndrome, I would like to explore three points raised by Benjamin Simkin's article.<sup>1</sup>

Firstly, as shown by one of the illustrations in this article, the last movement of Mozart's quartet in A major for flute, violin, viola, and cello (K298) is entitled "Rondieaux." While this is a bizarre, and probably unique, variant of "Rondo" or "Rondeau," why Simkin translates it as "Rondo-miaow" is unclear. This movement is in fact based on a theme from Giovanni Paisiello's opera *Le Gare Generose*, which was first performed in 1786.<sup>2</sup>

Secondly, the vocal duo "Nun, liebes Weibchen, zeihst mit mir" (K625) is not clearly authenticated as being by Mozart. It may have been composed by Benedikt Schak (1758-1826) and subsequently orchestrated by Mozart.<sup>3</sup>

Finally, Simkin alludes to the longstanding tradition that Mozart could "write down whole compositions, previously composed in his head." The implication is that Mozart found composition easy and was able to put large works down on paper in a finished state without prior sketches or drafts. To a large extent, this tradition has been discredited by evidence gleaned from study of Mozart's autograph scores and other manuscripts. For example, manuscript paper analyses have illuminated Mozart's compositional procedure in the case of several major works.<sup>4</sup> These studies provide substantial evidence that, at least in the case of the keyboard concertos K449, K488, and K595 and the string quartet K458, the process of composition was spread out over many months.<sup>5</sup> Similarly, the existence of sketches for the *Prague* symphony (K504) and the keyboard concerto K503 argues

strongly against compositional spontaneity.<sup>2</sup> Indeed, the data, as opposed to the romantic myths, lead to the unsurprising conclusion that the mature Mozart was a careful and deliberate worker. In this respect at least, Mozart resembles his comparably productive contemporary Joseph Haydn.<sup>4</sup>

MARTIN F HEYWORTH

Cell Biology Section (151E),  
Department of Veterans Affairs Medical Center,  
San Francisco, CA 94121, USA

- 1 Simkin B. Mozart's scatological disorder. *BMJ* 1992;305:1563-7. (19-26 December.)
- 2 Landon HCR, ed. *The Mozart compendium: a guide to Mozart's life and music.* New York: Schirmer, 1990.
- 3 Tyson A. *Mozart: studies of the autograph scores.* Cambridge, Massachusetts: Harvard University Press, 1987.
- 4 Sutcliffe WD. *Haydn: string quartets, Op 50.* Cambridge: Cambridge University Press, 1992.

## The rescuers

EDITOR,—Tony Delamothe reviews cynically the newspaper articles opposing Tomlinson's recommendations to close St Bartholomew's Hospital.<sup>1</sup> A misconception accepted by many is that with increased care in the community the numbers of hospital beds could be reduced. A similar policy for mentally ill people moved patients at record speed from asylum to cardboard box, tent, and lions' cage.

Overcrowding, homelessness, violence, drug and alcohol abuse, crime, and large numbers of migrant workers and tourists throw a great strain on providers of illness care, and we have no control over these problems. London suffers not from too many hospital beds but from too many people who need to use them. It is not a paradox that London has more doctors or hospital beds and more disease: it is an inevitable consequence of the social conditions in London. It is unhelpful for the health secretary to spout spurious statistics about increasing throughput and efficiency in the manner, and with the same hollow ring, of a beetroot producer or tractor manufacturer in the former Soviet Union reassuring commissars that norms were being exceeded.

How should we oppose government plans? Our trade union has been unhelpful, and the only support I have received is a booklet on redundancy, which at the age of 37 I feel is somewhat premature. A campaign by our supporters is the only option left, inevitably consisting of emotive stories and personal opinions, since reasoned articles in the health columns of the broadsheets will mobilise few people. The newspaper articles supporting Barts are drawn from the experiences of our patients or their relatives and cannot simply be ignored. Of course many of the stories are hyperbolic, but Tomlinson's arguments against Barts and other threatened hospitals are specious and are based on prediction rather than fact. Prediction is inaccurate, and one is reminded that economic recovery has been forecast for years by a party in government that is supposed to have great financial expertise.

The same issue of the *BMJ* reports that the North Herts NHS Trust is handing over its laboratory services to a Swiss company.<sup>2</sup> Perhaps the *Private Eye* story hinting at a takeover of Barts by a private concern is not as far-fetched as Tony Delamothe suggests. There is very little left for the government to privatise, and attention will soon swing to the NHS, which has been a financial embarrassment to the Tories for too long.

JOHN COAKLEY

Directorate of Anaesthetic Services,  
Department of Intensive Care,  
St Bartholomew's Hospital,  
London EC1A 7BC

- 1 Delamothe T. The rescuers. *BMJ* 1993;306:341-2. (30 January.)
- 2 Headlines. *BMJ* 1993;306:290. (30 January.)